

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/025,191 (Conf. No. 8506)
Filing Date	12/18/2001
First Named Inventor	William F. Avrin
Title	Susceptometers for Foreign Bod. Det.
Group Art Unit	3737
Examiner Name	Unkown
Attorney Docket Number	MED/US-11

I hereby appoint:

☒ Practitioners at Customer Number

22,875

Place Customer  
Number Bar Code  
Label here

OR  
☒ Practitioner(s) named below:

Name	Registration Number
Gerald W. Spinks	32,843

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

☒ Firm or  
Individual Name

Gerald W. Spinks

Address

P.O. Box 2330

Address

City

Port Orchard

State

WA

Zip

98366

Country

Telephone

253 853-1698

Fax

253 853-1699

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Sankaran Kumar

Date

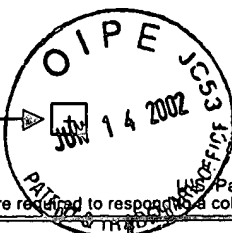
5/14/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 5 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/025,191(Conf. No. 8506)
Filing Date	12/18/2001
First Named Inventor	William F. Avrin
Title	Susceptometers for Foreign Bod. Det.
Group Art Unit	3737
Examiner Name	Unkown
Attorney Docket Number	MED/US-11

I hereby appoint:

☒ Practitioners at Customer Number

22,875

Place Customer  
Number Bar Code  
Label here

OR

☒ Practitioner(s) named below:

Name	Registration Number
Gerald W. Spinks	32,843

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Gerald W. Spinks				
Address	P.O. Box 2330				
Address					
City	Port Orchard	State	WA	Zip	98366
Country					
Telephone	253 853-1698	Fax	253 853-1699		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

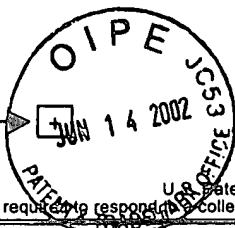
## SIGNATURE of Applicant or Assignee of Record

Name	Peter V. Czipott
Signature	<i>Peter V. Czipott</i>
Date	5/14/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 5 forms are submitted.

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT

Application Number	10/025,191 (Conf. No. 8506)
Filing Date	12/18/2001
First Named Inventor	William F. Avrin
Title	Susceptometers for Foreign Bod. Det.
Group Art Unit	3737
Examiner Name	Unkown
Attorney Docket Number	MED/US-11

I hereby appoint:

☒ Practitioners at Customer Number

22,875

Place Customer  
Number Bar Code  
Label here

OR

☒ Practitioner(s) named below:

Name	Registration Number
Gerald W. Spinks	32,843

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer NumberPlace Customer  
Number Bar Code  
Label here☒ Firm or  
Individual Name

Gerald W. Spinks

Address

P.O. Box 2330

Address

City

Port Orchard

State

WA

Zip

98366

Country

Telephone

253 853-1698

Fax

253 853-1699

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name

Richard J. McClure

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 5 forms are submitted.

Please type a plus sign (+) inside this box



COPIES OF PAPERS  
ORIGINALLY FILED

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/025,191 (Conf. No. 8506)
Filing Date	12/18/2001
First Named Inventor	William F. Avrin
Title	Susceptometers for Foreign Bod. Det.
Group Art Unit	3737
Examiner Name	Unkown
Attorney Docket Number	MED/US-11

I hereby appoint:

☒ Practitioners at Customer Number

22,875

Place Customer  
Number Bar Code  
Label here

☒ Practitioner(s) named below:

Name	Registration Number
Gerald W. Spinks	32,843

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Gerald W. Spinks				
Address	P.O. Box 2330				
Address					
City	Port Orchard	State	WA	Zip	98366
Country					
Telephone	253 853-1698	Fax	253 853-1699		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

R. Kemp Massengill

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 5 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box 

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/025,191 (Conf. No. 8506)
Filing Date	12/18/2001
First Named Inventor	William F. Avrin
Title	Susceptometers for Foreign Bod. Det.
Group Art Unit	3737
Examiner Name	Unkown
Attorney Docket Number	MED/US-11

I hereby appoint:

☒ Practitioners at Customer Number

22,875

Place Customer  
Number Bar Code  
Label here

OR

☒ Practitioner(s) named below:

Name	Registration Number
Gerald W. Spinks	32,843

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

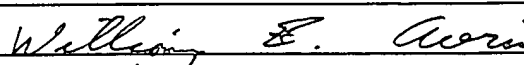
<input checked="" type="checkbox"/> Firm or Individual Name	Gerald W. Spinks				
Address	P.O. Box 2330				
Address					
City	Port Orchard	State	WA	Zip	98366
Country					
Telephone	253 853-1698	Fax	253 853-1699		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name	William F. Avrin
Signature	
Date	5/14/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 5 forms are submitted.